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CONFIRMATION NO. 3915

SERIAL NUMBER 10/776,383	FILING OR 371(c) DATE 02/11/2004 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO.
APPLICANTS Shaker Mousa, Wynantskill, NY; Sarah Mousa, Wynantskill, NY;				
** CONTINUING DATA ***** This appln claims benefit of 60/446,568 02/12/2003				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/04/2004				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 30
INDEPENDENT CLAIMS 3				
ADDRESS Vascular Vision Pharmaceuticals 5 Fox Glove Ct. Wynantskill, NY 12198				
TITLE Method for treating occlusive vascular diseases & wound healing				
FILING FEE RECEIVED 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	